

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/598875

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
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25			1			
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32				—		
33				—		
34			1	—		
35				—		
36				—		
37				—		
38				—		
39				—		
40				—		
41				—		
42			1	—		
43				—		
44				—		
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47				—		
48				—		
49				—		
50				—		
TOTAL IND.			3			
TOTAL DEP.			22			
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						